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The *Recovery Model* or the modelling of a cover-up?

On the creeping privatisation and individualisation of *dis-ease* and *being-unwell-ness*

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***Abstract**: In this article we present a psycho-social, 'group-ish' (Bion, 1961) and philosophically Cynical commentary upon contemporary notions of* recovery, well-being *and* positive psychology. *These are, at times, being cynically deployed to address profoundly damaging processes of social traumatisation that give rise to certain forms of mental dis-ease, which we describe as 'being unwell-ness', and related* psycho-social dis-ease *which is being linked to low productivity, under- or unemployment and low social status, and that we describe as* worklessness *and* worth-lessness. *We state at the outset of the paper that much excellent work is done by statutory, non-statutory and service user led groups and organisations to engage with these problems. However, in our commentary we will suggest how the language and currency of these initiatives are in danger of being hi-jacked and side-tracked by the vested interests of explicit and tacit political and professional agendas of the* in group *at the expense of those whom we seek to help.*

***Key words**: recovery; well-being; work-lessness; worth-lessness; psycho-social; dis-ease; privatisation*

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Introduction

> In a country well-governed, poverty is something to be ashamed of. In a country badly governed, wealth is something to be ashamed of. (Confucius)

The twinned concepts of 'recovery' and 'well-being' in mental health have moved a long way from their roots in the survivor movement to the current position. They have now become well and truly colonised by the mainstream of mental health provision (Rancière, 1991, 2004; Pelletier, 2009a, 2009b), often under the professionalising agenda of 'Positive Psychology'. Many mental healthcare organisations are rolling out a whole raft of generic and specific recovery and 'well-being' projects to enhance the steady process of empowerment and the enabling of service users to take back control and responsibility over their life and their treatment (CSIP et al, 2007). This drive to 'recover' and to 'be-well' is underpinned by the overtly stated intrinsic link with 'social inclusion' and perhaps also with the neo-conservative values of the so-called 'Big Society' (Brooker et al, 2011 in press).

To paraphrase the famous American idiom, our position is that we too 'love motherhood and apple-pie', and in this spirit welcome any and all meaningful attempts to engage those of us who dwell at the edge of our deeply divisive society and to improve the quality of service provision that seeks to address their needs. However, we consider that the 'Positive Psychology' approach to recovery, well-being, and social inclusion is epistemologically flawed and in its application is in danger of becoming politically and professionally over-determined. One hypothesis is that, as a result of the political over-determination of this highly professionalised version of the recovery model, it has become at best psycho-socially de-contextualised and is in danger of becoming positively damaging to the self-esteem of some of those it purports to help. We might even go so far as to suggest that philosophically it is in danger of becoming an approach that colludes with the asocial and anti-social acts of larger scale political failures, which have resulted in widespread social malaise and brought about a recession that is not quite a 'depression', from which the whole of society is struggling to 'recover' and which is in imminent danger of decimating the welfare state in the UK (Cooper & Lousada, 2005; Dartington, 2010).

The survivor movement conceived of recovery (with a small 'r') as a challenge to the oppression of the psychiatric model of diagnosis and of symptom reduction/removal, but the current emphasis on Recovery is increasingly located in 'Clinical and Academic Groupings' that are, once again, being organised and structured around notions of medical diagnosis and rather narrow interpretations of evidence-based health care – nodding in the direction of 'service-user empowerment', whilst simultaneously slashing the provision of services for them. In this sense, we will argue that the recovery approach is in grave danger of becoming a professionally governed fig-leaf to cover-up the political failing and consequent limitations of our chronically under-funded mental health system.

We further suggest that 'recovery' is, in part, being promoted in order to shove the responsibility for 'being-unwellness' [sic] onto the sufferer, so that when they do not recover in proper order (as many do not), this can be seen as their failure rather than ours. 'Recovery and support teams' find themselves addressing only how to recover from the so-called 'positive symptoms' and need not think too long or too hard about how to provide meaningful support for those left with so-called 'negative symptoms', or those who cannot or do not recover and be-well (Cooper & Lousada, 2005; Dartington, 2010).

The language of the recovery approach may well be gentler and apparently more inclusive, but, like all colonising tendencies, it progresses by ensuring that 'the establishment' continues de facto and de jure to define the legitimacy of the complaint, through diagnosis, and to set out the terms on which the 'service user' is to be included (or left out in the cold), depending on their ability or willingness to recover or to be-well, according to the terms and conditions defined by the establishment (Rancière, 1991, 2004: Pelletier, 2009a, 2009b, 2011 in press).

Reclaiming pessimism and a *proper* Cynicism

The philosopher and social commentator Roger Scruton (2010) recently warned against the dangers of false hope and suggested ways in which pessimism, or in our terms a proper philosophical Cynicism (Scanlon and Adlam, 2008, 2011a, 2011b), could and should be elevated

to the status of a virtue in this positively-deluded post-modern world. He suggests that hope 'untempered by the evidence of history' is a danger that threatens, 'not only those who embrace it, but all those within range of their illusions' (Scruton, 2010: 1). In a similar vein Barbara Ehrenreich (2009) challenges what she sees as the over-valued and over-determined discourses of positive thinking and its proponents and argues persuasively that the movement was a chimera, a smoke-and-mirrors magic trick that has 'fooled America and the World'. In taking up these positions both of these writers are arguing against the grain of the dominance of the positive psychology movement, which argues that unhappy individuals could, if they put their mind to it, change and be made happier.

In this article, whilst acknowledging from the outset that there are very many excellent, creative and innovative psycho-social intervention projects being offered under the contested rubrics of 'recovery', well-being and 'social inclusion' initiatives, what we are offering is a necessarily generalised psycho-social critique of some of the problematic political and professional assumptions which underpin these approaches. We will illustrate our critique with reference to three of the many offspring of this movement: the 'recovery approach'; the concept of 'well-being' and its relationship to mental illness; and the 'Improving Access to Psychological Therapies (IAPT)' initiative, each of which purports to present the utilitarian argument for a modern version of happiness (Layard, 2003, 2006).

We will try to understand why approaches such as these might, at best, have limited impact, particularly on the more complex and severe mental health and social problems that we have discussed in greater detail elsewhere (Adlam and Scanlon, 2005; Scanlon and Adlam, 2008, 2009, 2011a in press, 2011c in press). We root our explorations in psycho-social and psychodynamic hypotheses about how these limitations can be understood as a systemic failure to recognise and give due respect to the fact that, at any given time, there will always be some of us that are only able to take up their membership of the social group by standing in opposition to it or at its edge. In analysing the processes and mechanisms of Recovery, well-being and social inclusion/exclusion in these ways, our focus is also on the dynamics of the welfare state and the systems of care which stand in intimate relationship to this refusal to join in.

We construe the psycho-social problems emerging from these dynamics to be expressions of institutionalised forms of reciprocal violence that are played out between us and them in a world where it seems to be desirable and normative for the rich to get richer and the poor to get poorer. We consider that these dynamics are so entrenched that it is no longer clinically relevant who started it or who is doing what to whom. In particular we are interested in the psychodynamics of splitting phenomena within individuals, teams, organisations as well as the wider social systems which serve inadvertently to 'cover up' and exacerbate the underpinning psycho-social and socio-economic conditions whilst simultaneously striving to promote Recovery, Well-being and Social Inclusion.

Improving Access to Psychological Therapies for work-lessness and worth-lessness

> Everyone in our society has a right to make choices about how they live their lives and contribute to the communities in which they live. Unfortunately, for many people who suffer from depression and anxiety disorders, these opportunities are often limited … As a society, we cannot allow this situation to continue – it is a tragic waste of the lives and potential of the individuals and families … It is also expensive to the taxpayer and businesses which must bear the costs of inadequate NHS treatment, loss of employee productivity and benefit payments to long-term sufferers. (DH, 2007: 2)

These were the words with which Patricia Hewitt, then Secretary of State for Health, announced the introduction of the IAPT programme 'to promote social inclusion and improve economic productivity' (DH, 2007: 5). Cognitive Behavioural Therapy (CBT) was to be rolled out across the nation, at significant cost to the taxpayer, as a panacea for the treatment of the unemployed and the relatively unproductive, despite the very limited or biased claims for its effectiveness or efficacy noted respectively by Lynch et al (2010) and Cuijpers et al (2010). The clear implication of this policy is that under-employment and worklessness – or worth-lessness (Adlam et al, 2010) – is related to the failure of individuals' cognitive functions or their failure to act, as compared with

the free market-embracing 'lifestyle choices' of the so-called 'decent, hard working family' so beloved of our contemporary political ruling classes.

We note what is superficially the paradox that the most socially excluded, least 'productive' section of the population, explicitly targeted by the then Labour government in its policy statement, are those for whom the IAPT clinical programme is least suited. To glimpse who we might be speaking of here, we note that the IAPT programme discovered reasonably quickly that 'one size does not fit all' and other brief intervention models such as Dynamic Interpersonal Therapy (DIT) are now starting to be offered alongside more explicitly cognitive treatments (Lemma et al, 2010; Gelman et al, 2010), although there is also anecdotal evidence that DIT has a fraction of the monies made available to the CBT practitioners to enable workers to be trained in this modality.

Although this initiative might provide some evidence of efficacy and effectiveness (Clark et al, 2009), these findings need to be contextualised in ways which mirror the relative success and failure of other high-profile social inclusion initiatives such as Sure Start, which was set up to reach out to disadvantaged children and families. The evaluation of Sure Start was that it was found to be helpful for those who were able to avail themselves of it; however, not only did it fail to reach its intended target of those families who were living closer to the edge, but at times it was positively deleterious to have Sure Start in their neighbourhood (Rutter, 2006; Belsky et al, 2007). Unlike Sure Start's espoused and intended aim to reach out to those most in need, IAPT has clearly stated criteria that actively excludes the more complex patients and so denies them the possibility of improving their access to psychological therapies, at least through its portal. What both of these initiatives have in common is that, by happenstance or design, they end up excluding or denying services to those who are, or experience themselves to be, too complex (Gelman et al, 2010).

Elsewhere (Scanlon and Adlam, 2008, 2011a, 2011b) we have explored the long history of the vilification and violent exclusion of the homeless and workless, which has its origins at least as far back as the Enclosure land reforms of the late Middle Ages and which has been legislatively enshrined in the Poor Laws, the Vagrancy Acts, especially that of 1714, the laws on intentional homelessness and other similar

measures: all the way from Karl Marx's observation that an unlicensed beggar could be executed as an enemy of the common weal if he was caught three times, through to the current Coalition government's proposals to enforce a 'three strikes and you're out' rule upon benefit claimants who are held to have intentionally refused work. Arguably not much has changed, except that the aim and focus of the retaliation for the terrible offence of having no work has moved away from the body of the offender and towards his mind (and his pocket) (Foucault, 1977).

Slavoj Zizek (1997) argues that societally we hold contradictory conceptualisations about unemployment and welfare benefits: we understand that unemployment is a function of economic and socio-political processes both locally and globally, but we also respond to it as if to a personal, essentially moral failure. In this way a public, social dis-ease has been privatised and personalised as individual psychopathology or disease, and so by a socio-political sleight of hand the individual, not the state, is responsible for the consequences and sequelae of the undoubtedly depressing failures of our social and political infrastructures (Dorling, 2010; Dartington, 2010; Fisher, 2009). This in turn provides justification for the granting of professional license to positive psychologists to be deployed against what is construed as the real enemy of the common weal – the faulty cognitions and behaviours of depressed and failing individuals. It also provides a political justification for 'Personalised' direct payments and individualised budgets (Department of Health, 2006, 2007, 2010) that service users can use to 'shop around' for the best value (brief) psychological treatments which are increasingly only 'on sale' from government approved 'positive psychology' and 'well-being' practitioners. We do this at the same time as offering redundancy to benefits and housing support workers – as was the case in one Community Mental Health Team to which one of us consults (Adlam et al, 2010).

Positive psychology: Spinning the evidence?

The workless, then, are not to worry, they must be happy: and in their happiness and well-being, to realise that what is missing in their lives is a chance to 'get on their bikes' or 'on the bus' (as one government MP recently suggests), and seek the sort of 'Positive Psychological'

interventions that will help them find gainful employment. But if they are unfortunate enough to be driven 'mad' by the lack of work, the insufficiency of these personalised budgets or the lack of affordable social housing and find themselves in need of respite, this too should not be a source of concern because, in an almost Orwellian double-speak, we are *positively* reframing and renaming those stigmatising and distressing psychiatric hospitals as 'well-being villages' and fully integrating them into a *Community* which is no longer afraid or judgmental about those who find themselves in these distressing states of 'being-unwell-ness' [sic]. Our observation is that these processes of renaming, *reframing, personalisation* and *recovery,* are increasingly being used to cover-up the underlying socio-economic factors which are the root cause of this very real psycho-social dis-ease, the economic short-falls in properly funding our welfare services, whilst simultaneously re-locating *the problem* into individuals' cognitive, behavioural or moral failing and then treating it as if it were *over there*. This gives the illusion that 'being-unwellness' is being taken seriously, and that it will be solved in such a way as mysteriously to improve our economic and socio-political circumstance through greater productivity.

Despite this re-branding of what we would see as a dubious pursuit of a questionable Utopia through 'Positive Psychology', the idea itself is not new. Indeed, one of the founding fathers of academic and clinical psychology, B.F. Skinner (1946), described exactly such a behaviourally-engineered Utopia in his rather unselfconsciously named novel 'Walden II'; a book that bears comparison with Aldous Huxley's dystopian 'Brave New World' (1932), in which human beings are 'ordered' according to specifications produced by the official polic(y)ing [sic] of a self-defined intellectual elite.

The authors of the papers in this Special Issue describe a range of group-based interventions aimed at recovery and well-being and several make specific reference to an 'extensive' literature on positive psychology, happiness, well-being and recovery. However, as Ehrenreich (2009) argues, the claim that this literature is evidence-based often seems to mean that tautological evidence has been produced by research protocols designed by positive psychologists, to measure concepts defined by positive psychologists, and excluding projects not administered by positive psychologists. Ehrenreich proposes that this movement can be seen as an ideologically driven 'professionalising'

project, on a scale so large that the sheer volume of publications of papers has produced what Cuipjers et al (2010) describe as a publication bias. This bias gives an impression of efficacy and effectiveness (to which this Special Edition might be unintentionally contributing) which is not borne out by more careful meta-analyses (Lynch et al, 2009). This literature also rests upon the assumptions that lack of evidence for other approaches must equate to evidence of lack and that 'evidence-based practice' rooted in quasi-experimental design must always take precedence over other more qualitative 'practice-based evidence': even though it would be obvious to most of us that if health and social care services were limited to proof-based interventions, the scope of most of our work in mental health, social care and community justice settings would be very limited indeed.

On the fear and loathing of the 'negative': Splitting in groups, organisations and society

> Things fall apart, the centre cannot hold
> Mere anarchy is loosed upon the world …
> The best lack all conviction, while the worst
> Are full of passionate intensity …
> W.B. Yeats, *The Second Coming* (1919)

Ehrenreich (2009) argues that one of the obvious and perhaps deliberately manufactured problems with the notion of a 'positive psychology' is that it implies, if not actually states, that there must be a negative psychology with which it is implicitly and explicitly contrasted and to which it is opposed. For example, she cites Martin Seligman, one of the leading proponents of positive psychology, who launches vociferous attacks upon those of us who are seen as promoting irrational beliefs about victimhood; '[I]n general when things go wrong we have a culture which supports the belief that this was done to you by some larger force, as opposed to, you brought it on yourself by your character or your decisions' (Seligman cited in Ehrenreich, 2009:169). This is a position which seemingly wilfully disregards the overwhelming evidence that it is the prevailing social conditions giving rise to childhood adversity, relative poverty and social inequality which

both cause and exacerbate the wide range of health and social problems that have been the focus of this paper (see Jordan, 1996; Gilligan, 1996; Felitti et al, 1998; Young, 1999; Scourfield and Drakeford, 2002; Charlesworth et al, 2004; Declerk, 2006; UNICEF, 2007; Joseph Rowntree Foundation, 2007; Zizek, 2008; Wilkinson and Pickett, 2009; World Health Organisation, 2009; Dorling, 2010; Hutton, 2010 inter alia). We join with Ehrenreich (2009) in suggesting that the currency of this version of 'positive psychology' is to 'privatise' suffering and distress by making the individual personally responsible for their own ill-health and related work-lessness, rather than, as we would suggest, more publicly to debate the causes and continuance of the systematic, societal and global violence that has excluded 'them' from the common-wealth. Viewed from this perspective, the limitations of any approach which sets out to increase personal responsibility and choice, through seeking to correct faulty cognitions and maladaptive schema in these ways, are in serious danger of becoming politically de-contextualised: an unrealisable Utopian social-inclusion model without a realistic 'socio-political model' for understanding the phenomena being treated.

These differences quickly become polarised into right/left, free-will/determinism, chicken and egg conversations which could be stated as: to what extent does the individual construct the group, and to what extent does the group construct the individual mind? This inconclusive question is often discussed as if it were simply a rational problem of agreeing a set of treatment ideologies (Scheid, 1994). However, we believe that these questions are far deeper and have far-reaching consequences for the psycho-social and socio-economic welfare of all citizens of the world. In our view the questions arising from these controversial debates tap into a deep psycho-social fault line at the heart of the human psyche and the structures and the culture of the organisations and communities that we construct. It is an inevitable and insoluble problem based on the problem that T.S. Eliot (1943) described, that 'Humankind cannot bear too much reality'. For instance, we suggest that it is almost impossible for most of us really to think and to feel ourselves in an authentic relationship with the fact that at the time of writing this paper tens of thousands of children in Uganda are in danger of starvation, while in the UK and America two of the biggest threats to young people's health are diabetes and obesity – the very definition of a psycho-socially caused health problem that has come

to be referred to as diabesity (Kaufman, 2005); or with the knowledge that our unthinking 'consumption' of our planet's resources is leading inexorably towards ecological catastrophes that will profoundly damage the health and welfare of future generations.

Whether it be third-world starvation, first world greed or more local forms of psycho-social dis-ease and being-unwellness, deeply problematic splitting processes emerge that we might describe as a kind of societal 'bipolar affective disorder'. The imagined more 'negative' aspect of the split is manifest by those who, in Yeats' terms, might be construed as 'lacking conviction' and who are experienced (and experience themselves) as more depressed. An imagined more 'positive' aspect of the split is manifest by those who become 'filled with passionate intensity', a position which we might interpret as a reaction-formation, a manic defence against having to face up to the unbearable socio-political realities outlined above. As is the case with 'bipolar affective disorder' in the personal and interpersonal domain, we are clear that both extremes are psychotic exaggerations that are distortions of a more elusive 'reality' which none of us can claim fully to know.

Conclusion

It was the American critic Art Buchwald who said 'If you attack the establishment long enough and hard enough, they will make you a member of it' and so, by extension, dependent upon it. The recovery movement did not last long before this fate befell it and in this paper we have attempted to discuss some of the psycho-social and socio-political factors which have contributed to this colonisation. Brooker et al (2011, in press) question the helpfulness of the term recovery in its current, 'colonised' form and prefer to describe their journey as one of discovery and of the emergence of a new self and a new set of possibilities. This is perhaps to discover a new self in the same way in which the old world explorers 'discovered' the continents of the new world. The colonisers' assumption was that there was no civilisation there to be 'discovered': only savagery and disorder. There was no concept of a collaboration or synthesis: a bringing together of the old and the new. Only the imposition of a new order could confer sense or culture where none

previously was held to exist. Our view might be that there is much to be valued in apparent 'savagery and disorder' if we have eyes to see and ears to hear and the willingness to look and listen.

Our view is that these two models coincide around the same question that underpins the modern American myth – 'anybody can be somebody' – rather than the under-appreciated fact that everybody already is somebody. On the surface of it the discussion is about how best to provide help for people to recover from mental disorder and traumatic experience associated with social exclusion and unhappiness. We are grateful for the opportunity to join in the debate in this 'Special Issue' of *Groupwork* because, as group analysts, we consider that this genuinely group-ish problem is rooted in our shared incapacity to think together about the socio-economic anarchy that we loosed upon the world.

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